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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2684 PCT/US	
	First Named Inventor			FIES, Matthias	
	COMPLETE IF KNOWN				
	Application Number				
	Filing Date				
	Group Art Unit				
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing			<input type="checkbox"/> Declaration Submitted after Initial Filing		
Examiner Name					

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)
of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIMER DIOL (METH)ACRYLATES USED AS A MATTING AGENT
(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **04/08/2004** as United States Application Number or PCT International
Application Number **PCT/EP2004/003784** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any
amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's
certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below
and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application
having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
103 17 645.4	Germany	04/17/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box +

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/003784	04/08/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City	State	Zip			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Matthias	Middle Initial		Family Name	FIES	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City	Krefeld	State		Country	Germany	Citizenship	German		
Post Office Address	Dahlenstrasse 26								
Post Office Address									
City	47800 Krefeld	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

Type a plus sign (+) inside this box + ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet								
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name	Holger			Middle Initial			Family Name	ENDRES			Suffix e.g. Jr.							
Inventor's Signature							Date											
Residence: City		Neuss			State				Country		Germany		Citizenship		German			
Post Office Address		Buchenstrasse 27																
Post Office Address																		
City	41470 Neuss			State				Zip			Country		Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name	Jan-Mirco			Middle Initial			Family Name	STACHOWIAK			Suffix e.g. Jr.							
Inventor's Signature							Date											
Residence: City		Essen			State				Country		Germany		Citizenship		German			
Post Office Address		Freisenbruchstrasse 32																
Post Office Address																		
City	45279 Essen			State				Zip			Country		Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name	Ronald			Middle Initial			Family Name	KLASSE			Suffix e.g. Jr.							
Inventor's Signature							Date											
Residence: City		Erkrath			State				Country		Germany		Citizenship		German			
Post Office Address		Naheweg 25																
Post Office Address																		
City	40699 Erkrath			State				Zip			Country		Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.							
Inventor's Signature							Date											
Residence: City					State				Country				Citizenship					
Post Office Address																		
City				State				Zip			Country				Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																		